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DATA ON THE EPIDEMIOLOGY AND CLINICAL ASPECTS OF
ANTHRAX

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[Data on the epidemiology and clinical aspects of anthrax]

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(In Russian)

Eighteen cases of anthrax are described, of which 14 are cutaneous[symptomatic?] forms and 4 are intestinal forms.

The cutaneous form of the disease may be divided into three groups, according to the method of infection. In the first group 3 cases of infection occurred in one family as a result of contact with wool from a sheep which died of anthrax; the first person of the family helped with the slaughter of the sick sheep; the second person, one year later, washed the wool from the same sheep, and the third bathed in a tub in which the wool of the slaughtered sheep had been kept. The ulcers were localized on various parts of the body--on the index finger of the right hand, the posterior side of the shin, and on the right forearm. The course of the disease was, respectively, 18, 21, and 11 days. Diagnosis was established bacteriologically. All those infected recovered. In the second group 3 cases of the disease appeared as a result of contact with infected water; in one case the patient took water for farm use from a stream containing waste waters from [Begin p.118] a wool-spinning factory, and the other patient--a shepherd--repeatedly went into a pond located in an area where cases of anthrax had been recorded for both animals and people; in the last case, a child bathed in an irrigation ditch which was used as a watering place for animals. Ulcers were localized on the legs. Duration of the disease was 19, 24, and 17 days. Diagnosis was established bacteriologically. All cases were cured.

In the third group there were 8 cases of the disease which occurred as a result of rare methods of infection. One person was wounded on the neck from a small piece of bone which flew up while he was cutting meat; another--while soaking, stretching, and rubbing a sheepskin (on the nasolabial ridge); the third, while spinning wool yarn (on the interior surface of the thigh); the fourth, while wearing a cap with ear flaps of wool (on the cheek); the fifth while loading skins at a railroad station (on the neck); the sixth, while unloading

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freight cars (on the foot); the seventh, while unloading skin residues and wool (on the foot); the eighth, while disposing of the carcass of a cow that had died of anthrax. All eight cases were recorded in anthrax epizootic areas. Of these cases, seven were cured and one patient died. In the latter, pathological and anatomical examination established a diagnosis of anthrax infection which was confirmed bacteriologically.

Of the four cases of the intestinal form of the disease, the infection entered the intestines through eating without washing the hands after carding wool which was purchased in an anthrax epizootic area. The other three cases of the disease resulted from eating the meat of infected animals. In all these cases the outcome was fatal. Original diagnoses were varied: aggravated chronic gastritis and acute abdomen; a definitive pathologic-anatomical diagnosis of anthrax was confirmed bacteriologically.

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